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Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
DISTRICT OF NEW JERSEY	-	
Case number (if known)	_ Chapter you are filing under:	
	Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	Check if this an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	t 1: Identify Yourself		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		
	Write the name that is on	Gil	Annabelle
	your government-issued picture identification (for	First name	First name
	example, your driver's	Reyes	A
	license or passport).	Middle name	Middle name
	Bring your picture identification to your	Tulud	Tulud
	meeting with the trustee.	Last name and Suffix (Sr., Jr., II, III)	Last name and Suffix (Sr., Jr., II, III)
2.	All other names you have used in the last 8 years		
	Include your married or maiden names.		
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-0086	xxx-xx-3713

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Debtor 1 Gil Reyes Tulud
Debtor 2 Annabelle A Tulud

Case number (if known)

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):			
4.	Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years	■ I have not used any business name or EINs.	■ I have not used any business name or EINs. Business name(s)			
	Include trade names and doing business as names	Business name(s)				
		EINs	EINs			
5.	Where you live	350 Baldwin Road, Apt M1	If Debtor 2 lives at a different address:			
		Parsippany, NJ 07054-4000 Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code			
		Morris				
		County	County			
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.			
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code			
6.	Why you are choosing this district to file for	Check one:	Check one:			
	bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	 Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. 			
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)			

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	otor 1 otor 2	Gil Reyes Tulud Annabelle A Tulud	d		Doddine	9	Case number (if known)		
Par	rt 2:	Tell the Court About \	Your Bankru	ptcy Ca	se				
7.	The	chapter of the cruptcy Code you are	Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.						
	choo	sing to file under	■ Chapter	7					
			☐ Chapter						
			☐ Chapter	12					
			☐ Chapter	13					
8.	How	you will pay the fee	abou order	t how yo . If your	u may pay. Typical	ly, if you are paying the fee yo	with the clerk's office in your local court for more urself, you may pay with cash, cashier's check, or alf, your attorney may pay with a credit card or che	money	
					the fee in installr e in Installments (C		n, sign and attach the Application for Individuals to	o Pay	
			☐ I request but is applied	uest tha not reques to you	t my fee be waive uired to, waive your ur family size and you	d (You may request this option fee, and may do so only if you ou are unable to pay the fee in	only if you are filing for Chapter 7. By law, a judg ur income is less than 150% of the official poverty installments). If you choose this option, you must ial Form 103B) and file it with your petition.	line that	
9.	Have you filed for	■ No.							
J .		bankruptcy within the last 8 years?	☐ Yes.						
		•		District		When	Case number		
				District		When	Case number		
				District		When	Case number		
10.	Are any bankruptcy cases pending or being		■ No						
	filed not fi you,	by a spouse who is iling this case with or by a business ner, or by an	☐ Yes.						
				Debtor	-		Relationship to you		
				District		When	Case number, if known		
				Debtor			Relationship to you		
				District		When	Case number, if known		
11.		ou rent your	□ No.	Go to li	ne 12.				
	resid	lence?	Yes.	Has yo	ur landlord obtaine	d an eviction judgment agains	you and do you want to stay in your residence?		
					No. Go to line 12.				
					Yes. Fill out <i>Initial</i> bankruptcy petition		ludgment Against You (Form 101A) and file it with	this	

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Deb		l Reyes Tulud nnabelle A Tulud	I	Docum	Case number (if known)	
Part	3: Rep	ort About Any Bu	sinesses \	You Own as a Sole Propri	etor	
12. Are you a sole proprietor of any full- or part-time business?		■ No.	Go to Part 4.			
			☐ Yes.	Name and location of bu	siness	
	business an individ separate as a corp	oprietorship is a you operate as dual, and is not a legal entity such coration, hip, or LLC.		Name of business, if any	·	
	If you have sole prop	ve more than one rietorship, use a sheet and attach		Number, Street, City, St.	ate & ZIP Code	
	it to this p			Check the appropriate b	ox to describe your business:	
	☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))					
				☐ Single Asset Rea	al Estate (as defined in 11 U.S.C. § 101(51B))	
				☐ Stockbroker (as	defined in 11 U.S.C. § 101(53A))	
				☐ Commodity Brok	er (as defined in 11 U.S.C. § 101(6))	
				☐ None of the above	ve	
13.	Chapter Bankrup	filing under 11 of the tcy Code and are nall business	If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. 1116(1)(B).			
		inition of small	■ No.	I am not filing under Cha	apter 11.	
	business debtor, see 11 U.S.C. § 101(51D).		□ No.	I am filing under Chapte Code.	r 11, but I am NOT a small business debtor according to the definition in the Bankruptcy	
			☐ Yes.	I am filing under Chapte	r 11 and I am a small business debtor according to the definition in the Bankruptcy Code.	
Part	4: Rep	ort if You Own or	Have Any	Hazardous Property or A	ny Property That Needs Immediate Attention	
14.		own or have any	■ No.			
		that poses or is o pose a threat	☐ Yes.			
	of immin	ent and ble hazard to	□ Tes.	What is the hazard?		
		ealth or safety? u own any				
	property	that needs te attention?		If immediate attention is needed, why is it needed?		
	perishab livestock	nple, do you own le goods, or that must be fed, ling that needs pairs?		Where is the property?	Number, Street, City, State & Zip Code	
					Hambor, Shoot, Shy, State & Zip Gode	

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Debtor 1 Gil Reyes Tulud
Debtor 2 Annabelle A Tulud

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court. Case 17-27201 Doc 1 Filed 08/24/17 Entered 08/24/17 13:51:15 Desc Main Document Page 6 of 63

	otor 2 Annabelle A Tulud	t		Case	e number (if known)			
Par	t 6: Answer These Quest	ions for Repo	orting Purposes					
16.	What kind of debts do you have?		re your debts primarily consundividual primarily for a personal,		s are defined in 11 U.S.C. § 101(8) as "incurred by an e."			
			No. Go to line 16b.					
		-	Yes. Go to line 17.					
			Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.					
			No. Go to line 16c.					
			Yes. Go to line 17.					
		16c. St	ate the type of debts you owe that	at are not consumer debts or	r business debts			
17.	Are you filing under Chapter 7?	□ No. I a	m not filing under Chapter 7. Go	to line 18.				
	Do you estimate that after any exempt property is excluded and		m filing under Chapter 7. Do you e paid that funds will be available		mpt property is excluded and administrative expenses creditors?			
	administrative expenses are paid that funds will		No					
	be available for distribution to unsecured creditors?		Yes					
18.	How many Creditors do	1 -49		1 ,000-5,000	25,001-50,000			
	you estimate that you owe?	□ 50-99		☐ 5001-10,000	50,001-100,000			
		□ 100-199 □ 200-999		10,001-25,000	☐ More than100,000			
19.	How much do you	□ \$0 - \$50,0	000	□ \$1,000,001 - \$10 million	n □ \$500,000,001 - \$1 billion			
	estimate your assets to be worth?	□ \$50,001 -		□ \$10,000,001 - \$50 millio				
		■ \$100,001 □ \$500,001		□ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million				
20.	How much do you	□ \$0 - \$50,0	000	□ \$1,000,001 - \$10 million	n □ \$500,000,001 - \$1 billion			
	estimate your liabilities to be?	\$50,001		□ \$10,000,001 - \$50 millio				
		□ \$100,001 □ \$500,001		□ \$50,000,001 - \$100 millio □ \$100,000,001 - \$500 mill	· · · · · · · · · · · · · · · · · ·			
Par	t 7: Sign Below							
For	you	I have exam	ined this petition, and I declare u	nder penalty of perjury that th	the information provided is true and correct.			
					f eligible, under Chapter 7, 11,12, or 13 of title 11, , and I choose to proceed under Chapter 7.			
			f no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).					
	I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.							
					money or property by fraud in connection with a up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519,			
		/s/ Gil Rey			belle A Tulud			
		Gil Reyes Signature of		Annabelle Signature o	le A Tulud of Debtor 2			
		Executed on	August 24, 2017 MM / DD / YYYY	Executed o	On August 24, 2017 MM / DD / YYYY			

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Debtor 1 Gil Reyes Tulu	Document	Page 7 of 63	
Debtor 2 Annabelle A To		Cas	e number (if known)
For your attorney, if you are represented by one	under Chapter 7, 11, 12, or 13 of title 11, Un	ited States Code, and have e	informed the debtor(s) about eligibility to proceed explained the relief available under each chapter debtor(s) the notice required by 11 U.S.C. § 342(b)
If you are not represented I an attorney, you do not nee to file this page.	by and, in a case in which § 707(b)(4)(D) applie		ledge after an inquiry that the information in the
	/s/ Harry J Herz	Date	August 24, 2017
	Signature of Attorney for Debtor		MM / DD / YYYY
	Harry J Herz		
	Printed name		
	Harry J Herz Law Office		
	Firm name		
	25 Pompton Avenue		
	Suite 101		
	Verona, NJ 07044		
	Number, Street, City, State & ZIP Code		
	Contact phone 973-857-1800	Email address	hherz@hherzlaw.com

Bar number & State

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		Docume	nt Page 8 of 63		
Fill in this infor	mation to identify your	case:			
Debtor 1	Gil Reyes Tulud				
	First Name	Middle Name	Last Name		
Debtor 2	Annabelle A Tulu	d			
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	DISTRICT OF NEW JER	SEY		
Case number					
(if known)					☐ Check if this is an amended filing
				•	

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

		Your as Value o	ssets f what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$	0.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	152,920.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$	152,920.00
Par	t 2: Summarize Your Liabilities		
			abilities t you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	0.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	51,128.9
	Your total liabilities	\$	51,128.98
Par	t 3: Summarize Your Income and Expenses		
1.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	4,382.00
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	4,967.00
Par	t 4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	ır other sch	nedules.
	■ Yes		

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

the court with your other schedules.

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		Document	Page 9 of 63	
	Gil Reyes Tulud		9	
Debtor 2	Annabelle A Tulud		Case number (if known)	

8.	From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.	\$_	945.05

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

From Part 4 on Schedule E/F, copy the following:	Tota	al claim
Trom ruit 4 on concaute 2/1, copy the following.		
9a. Domestic support obligations (Copy line 6a.)	\$_	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$_	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$_	0.00
9d. Student loans. (Copy line 6f.)	\$_	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$_	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$_	0.00
9g. Total. Add lines 9a through 9f.	\$	0.00

Case 17-27201 Doc 1 Filed 08/24/17 Entered 08/24/17 13:51:15 Desc Main Document Page 10 of 63 Fill in this information to identify your case and this filing: Debtor 1 Gil Reves Tulud Middle Name Last Name First Name Debtor 2 Annabelle A Tulud (Spouse, if filing) First Name Middle Name Last Name United States Bankruptcy Court for the: DISTRICT OF NEW JERSEY Case number Check if this is an amended filing Official Form 106A/B Schedule A/B: Property 12/15 In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property? No. Go to Part 2. ☐ Yes. Where is the property? Part 2: Describe Your Vehicles Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases. 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles Yes Nissan Do not deduct secured claims or exemptions. Put Make: Who has an interest in the property? Check one the amount of any secured claims on Schedule D: Murano Model Debtor 1 only Creditors Who Have Claims Secured by Property. Year: 2003 Debtor 2 only Current value of the Current value of the Approximate mileage: 135,000 entire property? portion you own? Debtor 1 and Debtor 2 only Other information: At least one of the debtors and another Fair condition; 4 door--\$2.900.00 \$2,900.00 Location: 350 Baldwin Road, ☐ Check if this is community property (see instructions) Apt M1, Parsippany NJ 07054-4000 Do not deduct secured claims or exemptions. Put Fiat 3.2 Make: Who has an interest in the property? Check one the amount of any secured claims on Schedule D: 500L Debtor 1 only Model: Creditors Who Have Claims Secured by Property. 2014 Year: ■ Debtor 2 only Current value of the Current value of the

Schedule A/B: Property

entire property?

\$8,800.00

Debtor 1 and Debtor 2 only

(see instructions)

At least one of the debtors and another

☐ Check if this is community property

36,000

Approximate mileage:

Good condition; 4 door--

Apt M1, Parsippany NJ

Location: 350 Baldwin Road,

Other information:

07054-4000

Official Form 106A/B

page 1

\$8,800.00

portion you own?

Case 17-27201 Doc 1 Filed 08/24/17 Entered 08/24/17 13:51:15 Desc Main Document Page 11 of 63 Debtor 1 Gil Reyes Tulud Debtor 2 **Annabelle A Tulud** Case number (if known) 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories ■ No ☐ Yes 5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for \$11,700.00 pages you have attached for Part 2. Write that number here......>> Part 3: Describe Your Personal and Household Items Do you own or have any legal or equitable interest in any of the following items? Current value of the portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware ☐ No Yes. Describe..... Cookware, pots & pans, dishes, utensils--\$15.00 Location: 350 Baldwin Road, Apt M1, Parsippany NJ 07054-4000 Living room furniture--\$10.00 Location: 350 Baldwin Road, Apt M1, Parsippany NJ 07054-4000 **Bedroom furniture--**\$25.00 Location: 350 Baldwin Road, Apt M1, Parsippany NJ 07054-4000 Lamps & accessories--\$25.00 Location: 350 Baldwin Road, Apt M1, Parsippany NJ 07054-4000 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games □ No Yes. Describe..... Televisions--\$50.00 Location: 350 Baldwin Road, Apt M1, Parsippany NJ 07054-4000 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles □ No Yes. Describe..... All collectibles--\$20.00 Location: 350 Baldwin Road, Apt M1, Parsippany NJ 07054-4000 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools;

musical instruments

■ No

☐ Yes. Describe.....

		Case 17		Doc 1	Filed 08/24/17 Document	Entered 08/24/17 13:5 Page 12 of 63	1:15	Desc Main
	tor 1 tor 2	Gil Reyes Annabelle				Case number ((if known)	
	■ No		es, shotguns	s, ammunition	ı, and related equipmen	t		
_	Clothe Examp		clothes, furs,	, leather coats	s, designer wear, shoes	, accessories		
		Describe						
				g for 2 adu on: 350 Balo		Parsippany NJ 07054-4000		\$50.00
	J No É		iewelry, cost	ume jewelry,	engagement rings, wed	ding rings, heirloom jewelry, watches	, gems, go	old, silver
				ng rings (2)- on: 350 Balo		Parsippany NJ 07054-4000		\$115.00
				watch, ear n: 350 Balo		Parsippany NJ 07054-4000		\$110.00
14.	Example No Yes. Any ot No	rm animals bles: Dogs, cats Describe her personal a	and househo	old items you	ս did not already list, iւ	ncluding any health aids you did n	ot list	
15.					om Part 3, including a	ny entries for pages you have attac	ched	\$420.00
		scribe Your Fina						
Do	you ov	vn or have any	legal or eq	uitable intere	est in any of the follow	ing?		Current value of the portion you own? Do not deduct secured claims or exemptions.
	_	oles: Money you	u have in you	ur wallet, in yo	our home, in a safe depo	osit box, and on hand when you file y	our petitio	n
_	■ No I Yes							
					I accounts; certificates on the counts with the same ins	of deposit; shares in credit unions, bro titution, list each.	okerage ho	ouses, and other similar
	■ No □ Yes				Institution r	name:		
	Examp	, mutual funds oles: Bond fund			ks th brokerage firms, mor	ney market accounts		
	■ No □ Yes		Ir	nstitution or is	suer name:			

Official Form 106A/B Schedule A/B: Property page 3

Case 17-27201 Doc 1 Filed 08/24/17 Entered 08/24/17 13:51:15 Desc Main Page 13 of 63 Document Debtor 1 Gil Reyes Tulud **Annabelle A Tulud** Debtor 2 Case number (if known) 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans ☐ No Yes. List each account separately. Type of account: Institution name: 401(k) **Charles Schwab** \$31,000.00 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others Institution name or individual: Yes. Rental deposit Park Lake Village, 350 Baldwin Road, \$1,800.00 Parsippany, NJ 07054 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) ☐ No Issuer name and description. Yes..... New York Life Insurance and Annuity Corporation--\$100.000.00 Annuity # 62-453-267 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). ■ No Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ☐ Yes..... 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit No ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements ■ No ☐ Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses ■ No ☐ Yes. Give specific information about them...

portion you own?

Do not deduct secured claims or exemptions.

Money or property owed to you?

Current value of the

	Case 17-272	01 Doc 1	Filed 08/24/17 Document	Entered 08/24/17 13:51:15 Page 14 of 63	Desc Main
Debtor 1 Debtor 2	•	ıd		Case number (if known)	
■ No		ion about them, inc	luding whether you alre	ady filed the returns and the tax years	
Exal ■ No			usal support, child suppo	ort, maintenance, divorce settlement, property	settlement
Exai ■ No	benefits; unpaid l	sability insurance loans you made to		efits, sick pay, vacation pay, workers' comper	nsation, Social Security
Exai □ No	, , , ,	or life insurance; h	,	HSA); credit, homeowner's, or renter's insurar	nce
■ Ye	s. Name the insurance of	company of each percent company name:	olicy and list its value.	Beneficiary:	Surrender or refund value:
	-		nsurance Company cy # 48-414-938 :25,000.00	Annabelle Tulud	\$8,000.00
If yo som ■ No □ Ye 33. Clair	eone has died. s. Give specific informa	a living trust, expection	t proceeds from a life in	isurance policy, or are currently entitled to receive	eive property because
■ No □ Ye	s. Describe each claim.				
■ No			every nature, includin	g counterclaims of the debtor and rights to	set off claims
■ No	financial assets you di s. Give specific informa	·			
				ny entries for pages you have attached	\$140,800.00
Part 5:	Describe Any Business-Re	elated Property You	Own or Have an Interest	In. List any real estate in Part 1.	
■ No.	u own or have any legal o Go to Part 6 Go to line 38.	r equitable interest	in any business-related p	roperty?	

Official Form 106A/B Schedule A/B: Property page 5

Case 17-27201 Doc 1 Filed 08/24/17 Entered 08/24/17 13:51:15 Desc Main Page 15 of 63 Document Debtor 1 Gil Reyes Tulud **Annabelle A Tulud** Debtor 2 Case number (if known) Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. ☐ Yes. Go to line 47. Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership ☐ Yes. Give specific information....... 54. Add the dollar value of all of your entries from Part 7. Write that number here \$0.00 List the Totals of Each Part of this Form Part 8: \$0.00 \$11,700.00

55. Part 1: Total real estate, line 2 56. Part 2: Total vehicles, line 5 57. Part 3: Total personal and household items, line 15 \$420.00 58. Part 4: Total financial assets, line 36 \$140,800.00 59. Part 5: Total business-related property, line 45 \$0.00 60. Part 6: Total farm- and fishing-related property, line 52 \$0.00 61. Part 7: Total other property not listed, line 54 \$0.00 Copy personal property total 62. Total personal property. Add lines 56 through 61... \$152,920.00 \$152,920.00

63. Total of all property on Schedule A/B. Add line 55 + line 62

\$152,920.00

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		Document	T duc 10 01 00	
Fill in this infor	mation to identify your	case:		
Debtor 1	Gil Reyes Tulud			
	First Name	Middle Name	Last Name	-
Debtor 2	Annabelle A Tulu	ıd		
(Spouse if, filing)	First Name	Middle Name	Last Name	-
United States Ba	ankruptcy Court for the:	DISTRICT OF NEW JERSEY		-
Case number (if known)				Charle if this is an
(II KIIOWII)				☐ Check if this is an

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1:	Identify the Property You Claim as Exempt

1.	Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.							
	☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)							
	■ You are claiming federal exemptions. 11	J.S.C. § 522(b)(2)						
2.	For any property you list on Schedule A/B	any property you list on Schedule A/B that you claim as exempt, fill in the information below.						
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption			
		Copy the value from Schedule A/B	Che	ck only one box for each exemption.				
	2003 Nissan Murano 135,000 miles Fair condition; 4 door	\$2,900.00		\$2,900.00	11 U.S.C. § 522(d)(2)			
L F	Location: 350 Baldwin Road, Apt M1, Parsippany NJ 07054-4000 Line from Schedule A/B: 3.1			100% of fair market value, up to any applicable statutory limit				
	2014 Fiat 500L 36,000 miles	\$8,800.00		\$4,650.00	11 U.S.C. § 522(d)(2)			
Loc Pars	Good condition; 4 door Location: 350 Baldwin Road, Apt M1, Parsippany NJ 07054-4000 Line from Schedule A/B: 3.2			100% of fair market value, up to any applicable statutory limit				
	2014 Fiat 500L 36,000 miles Good condition; 4 door	\$8,800.00		\$4,150.00	11 U.S.C. § 522(d)(5)			
	Location: 350 Baldwin Road, Apt M1, Parsippany NJ 07054-4000 Line from Schedule A/B: 3.2			100% of fair market value, up to any applicable statutory limit				
	Cookware, pots & pans, dishes, utensils	\$15.00		\$15.00	11 U.S.C. § 522(d)(3)			
	Location: 350 Baldwin Road, Apt M1, Parsippany NJ 07054-4000 Line from Schedule A/B: 6.1			100% of fair market value, up to any applicable statutory limit				

tor 2 Annabelle A Tulud		Case number (if known)	
Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from Schedule A/B	Check only one box for each exemption.	
Living room furniture Location: 350 Baldwin Road, Apt M1,	\$10.00	\$10.00	11 U.S.C. § 522(d)(3)
Parsippany NJ 07054-4000 Line from Schedule A/B: 6.2		☐ 100% of fair market value, up to any applicable statutory limit	
Bedroom furniture Location: 350 Baldwin Road, Apt M1,	\$25.00	\$25.00	11 U.S.C. § 522(d)(3)
Parsippany NJ 07054-4000 Line from Schedule A/B: 6.3		100% of fair market value, up to any applicable statutory limit	
Lamps & accessories Location: 350 Baldwin Road, Apt M1,	\$25.00	\$25.00	11 U.S.C. § 522(d)(3)
Parsippany NJ 07054-4000 Line from <i>Schedule A/B</i> : 6.4		100% of fair market value, up to any applicable statutory limit	
Felevisions Location: 350 Baldwin Road, Apt M1,	\$50.00	\$50.00	11 U.S.C. § 522(d)(3)
Parsippany NJ 07054-4000 Line from Schedule A/B: 7.1		☐ 100% of fair market value, up to any applicable statutory limit	
All collectibles Location: 350 Baldwin Road, Apt M1,	\$20.00	\$20.00	11 U.S.C. § 522(d)(5)
Parsippany NJ 07054-4000 Line from Schedule A/B: 8.1		☐ 100% of fair market value, up to any applicable statutory limit	
Clothing for 2 adults Location: 350 Baldwin Road, Apt M1,	\$50.00	\$50.00	11 U.S.C. § 522(d)(3)
Parsippany NJ 07054-4000 Line from <i>Schedule A/B</i> : 11.1		100% of fair market value, up to any applicable statutory limit	
Wedding rings (2) Location: 350 Baldwin Road, Apt M1,	\$115.00	\$115.00	11 U.S.C. § 522(d)(4)
Parsippany NJ 07054-4000 Line from Schedule A/B: 12.1		100% of fair market value, up to any applicable statutory limit	
Bulova watch, earrings Location: 350 Baldwin Road, Apt M1,	\$110.00	\$110.00	11 U.S.C. § 522(d)(4)
Parsippany NJ 07054-4000 Line from Schedule A/B: 12.2		☐ 100% of fair market value, up to any applicable statutory limit	
401(k): Charles Schwab	\$31,000.00	\$31,000.00	11 U.S.C. § 522(d)(12)
		☐ 100% of fair market value, up to any applicable statutory limit	
Rental deposit: Park Lake Village, 350 Baldwin Road, Parsippany, NJ	\$1,800.00	\$1,800.00	11 U.S.C. § 522(d)(5)
07054 Line from <i>Schedule A/B</i> : 22.1		☐ 100% of fair market value, up to any applicable statutory limit	
New York Life Insurance and Annuity	\$100,000.00	\$100,000.00	11 U.S.C. § 522(d)(7)
Corporation Annuity # 62-453-267 Line from Schedule A/B: 23.1		100% of fair market value, up to any applicable statutory limit	

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Gil Reyes Tulud Debtor 1 **Annabelle A Tulud** Debtor 2 Case number (if known) Amount of the exemption you claim Brief description of the property and line on Current value of the Specific laws that allow exemption Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption. Schedule A/B **New York Life Insurance Company-**11 U.S.C. § 522(d)(8) \$8,000.00 \$8,000.00 Whole Life Policy # 48-414-938 Death Benefit \$25,000.00 100% of fair market value, up to Beneficiary: Annabelle Tulud any applicable statutory limit Line from Schedule A/B: 31.1 3. Are you claiming a homestead exemption of more than \$160,375? (Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.) Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case? Yes

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Fill in this information to identify your case:					
Debtor 1	Gil Reyes Tulud				
	First Name	Middle Name	Last Name		
Debtor 2	Annabelle A Tulu	d			
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	DISTRICT OF NEW JEI	RSEY		
Case number (if known)				☐ Check if this is an amended filing	

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

- 1. Do any creditors have claims secured by your property?
 - No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below.

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			Document	Page 20 of 63	
Fill ir	n this inform	ation to identify your ca	se:		
Debte	or 1	Gil Reyes Tulud			
		First Name	Middle Name	Last Name	
(Spous	or 2 se if, filing)	Annabelle A Tulud First Name	Middle Name	Last Name	
	. 0,		DISTRICT OF NEW JERSEY		
•		_			
(if knov	number				Check if this is an amended filing
	cial Form				
<u>Sch</u>	edule E/	F: Creditors Wh	o Have Unsecured	Claims	12/15
Sched left. At	ule D: Credito tach the Cont and case num	rs Who Have Claims Secur	ed by Property. If more space is a If you have no information to rep	Oo not include any creditors with partially secured claneeded, copy the Part you need, fill it out, number the port in a Part, do not file that Part. On the top of any a	e entries in the boxes on the
		rs have priority unsecured of			
	No. Go to Pa	art 2.			
	Yes.				
Part		of Your NONPRIORITY	Unsecured Claims		
	-	rs have nonpriority unsecur	t. Submit this form to the court with	your other schedules.	
ui th	nsecured claim	, list the creditor separately for	or each claim. For each claim listed	e creditor who holds each claim. If a creditor has more I, identify what type of claim it is. Do not list claims alread have more than three nonpriority unsecured claims fill ou	ly included in Part 1. If more
					Total claim
4.1	Advance	ed Urologic Care Asse	ociates Last 4 digits of acc	ount number 9890	\$1,222.00
		Creditor's Name :hfield Avenue	When was the debt	incurred?	
	West Ora	ange, NJ 07052-3093 eet City State Zlp Code red the debt? Check one.	As of the date you	file, the claim is: Check all that apply	
	Debtor 1		☐ Contingent		
	Debtor 2	2 only	☐ Unliquidated		
	■ Debtor 1	1 and Debtor 2 only	☐ Disputed		
	_	one of the debtors and anoth	- '	RITY unsecured claim:	
		if this claim is for a commu			
	debt	n subject to offset?		ng out of a separation agreement or divorce that you did i	not
	■ No		☐ Debts to pension	or profit-sharing plans, and other similar debts	
	☐ Yes		Other. Specify	medical bill	

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	2 Annabelle A Tulud		Case number (if know)			
4.2	Amazon.com Inc	Last 4 digits of account number	5765	\$1,122.00		
	Nonpriority Creditor's Name Customer Service P.O. Box 81126	When was the debt incurred?	11/13/2014			
	Seattle, WA 98108-1226 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i				
	Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	■ Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:			
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not			
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts			
	☐ Yes	Other. Specify charge card	d purchases			
4.3	American Express Nonpriority Creditor's Name	Last 4 digits of account number	9885	Unknown		
	P.O. Box 981537 El Paso, TX 79998	When was the debt incurred?	03/03/2006			
	Number Street City State Zlp Code	As of the date you file, the claim i	s: Check all that apply			
	Who incurred the debt? Check one.					
	Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	■ Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:			
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims				
	No	Debts to pension or profit-sharin				
	Yes	Other. Specify charge care	d purchases			
4.4	American Express Nonpriority Creditor's Name	Last 4 digits of account number	2321	Unknown		
	P.O. Box 981537 El Paso, TX 79998	When was the debt incurred?	03/03/2006			
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply			
	Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	■ Debtor 1 and Debtor 2 only	Disputed				
	☐ At least one of the debtors and another	d claim:				
	☐ Check if this claim is for a community	☐ Student loans				
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not				
	Is the claim subject to offset?	report as priority claims				
	No	Debts to pension or profit-sharin	•			
	Yes	Other. Specify charge care	d purchases			

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	Gil Reyes Tulud Annabelle A Tulud		Case number (if know)				
	Atlantic Medical Group	Last 4 digits of account number	PAMG	\$1,799.87			
	Nonpriority Creditor's Name P.O. Box 419101 Boston. MA 02241-9101	When was the debt incurred?	05/25/2017				
_	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is	: Check all that apply				
	■ Debtor 1 only	☐ Contingent					
	☐ Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	claim:				
	☐ Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	☐ Obligations arising out of a separ report as priority claims	ation agreement or divorce that you did not				
	■ No	Debts to pension or profit-sharing	plans, and other similar debts				
	Yes	Other. Specify medical bill					
	Capital One	Last 4 digits of account number	9240	\$4,525.11			
	Attn: Bankruptcy P.O. Box 30285						
-	Salt Lake City, UT 84130		or Object of the standard				
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is	s: Cneck all that apply				
	Debtor 1 only	П					
	_ ′	Contingent					
	☐ Debtor 2 only	Unliquidated					
	Debtor 1 and Debtor 2 only	Disputed					
	At least one of the debtors and another	Type of NONPRIORITY unsecured	claim:				
	Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	Obligations arising out of a separ report as priority claims	ation agreement or divorce that you did not				
	■ No	Debts to pension or profit-sharing	nlans, and other similar debts				
		, , ,	•				
	Yes	Other. Specify credit card	ourcnases				
4.7	Capital One Nonpriority Creditor's Name	Last 4 digits of account number	9288	\$1,322.11			
	Attn: Bankruptcy P.O. Box 30285	When was the debt incurred?	02/2003				
	Salt Lake City, UT 84130						
	Number Street City State Zlp Code	As of the date you file, the claim is	: Check all that apply				
	Who incurred the debt? Check one.						
	☐ Debtor 1 only	☐ Contingent					
	☐ Debtor 2 only	☐ Unliquidated					
	■ Debtor 1 and Debtor 2 only	☐ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	claim:				
	☐ Check if this claim is for a community	☐ Student loans					
	debt		ation agreement or divorce that you did not				
	Is the claim subject to offset?	report as priority claims					
	No	Debts to pension or profit-sharing					
	Yes	Other. Specify credit card	ourchases				

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	1 Gil Reyes Tulud 2 Annabelle A Tulud		Case number (if know)	
4.8	Chase Bank	Last 4 digits of account number	6584	\$7,145.00
	Nonpriority Creditor's Name P.O. Box 15298	When was the debt incurred?	10/25/2013	
	Wilmington, DE 19850 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim		
	☐ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	■ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a sepa	ration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims		
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify credit card	purchases	
4.9	E-Z Pass Nonpriority Creditor's Name	Last 4 digits of account number	0821	\$1,008.25
	Customer Service Center P.O. Box 4973			
	Trenton, NJ 08650	_		
	Number Street City State Zlp Code	As of the date you file, the claim		
	Who incurred the debt? Check one.	_		
	Debtor 1 only	Contingent		
	Debtor 2 only	Unliquidated		
	Debtor 1 and Debtor 2 only	Disputed		
	At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community debt	Student loans		
	Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharir	g plans, and other similar debts	
	Yes	■ Other Specify toll road ac		
		· · · · · ·		
4.1 0	E-Z Pass Nonpriority Creditor's Name	Last 4 digits of account number	8540	\$54.64
	Customer Service Center P.O. Box 4973 Trenton, NJ 08650	When was the debt incurred?		
-	Number Street City State Zlp Code	As of the date you file, the claim	s: Check all that apply	
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	■ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	☐ Yes	Other. Specify toll road ac	count	

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Debtor 1 Gil Reyes Tulud Debtor 2 Annabelle A Tulud Case number (if know) 4.1 0933 \$530.87 **EMA Morristown** Last 4 digits of account number Nonpriority Creditor's Name **Emergency Medical Associates** When was the debt incurred? 05/25/2017 P.O. Box 6312 Parsippany, NJ 07054-7312 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims Is the claim subject to offset? ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify medical bill ☐ Yes 4.1 **71HB GS** Anesthesia Associates \$571.19 Last 4 digits of account number Nonpriority Creditor's Name 1117 U.S. 46 East When was the debt incurred? Suite 201 Clifton, NJ 07013-2450 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify medical bill ☐ Yes 4.1 7455 \$1,486.64 Last 4 digits of account number 3 Nonpriority Creditor's Name P.O. Box 659707 When was the debt incurred? San Antonio, TX 78265-9707 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ■ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify credit card purchases ☐ Yes

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Debtor 1 Gil Reyes Tulud Debtor 2 Annabelle A Tulud Case number (if know) 4.1 Imaging Consultants of Essex P.A. \$105.00 Last 4 digits of account number Nonpriority Creditor's Name 94 Old Short Hills Road When was the debt incurred? Livingston, NJ 07039 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify medical bill ☐ Yes 4.1 6186 \$257.36 Lenox Last 4 digits of account number 5 Nonpriority Creditor's Name P.O. Box 735 When was the debt incurred? Bristol, PA 19007-0806 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify charge card purchases ☐ Yes 4.1 2310 \$100.95 Lenox 6 Last 4 digits of account number Nonpriority Creditor's Name P.O. Box 735 When was the debt incurred? Bristol, PA 19007-0806 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ■ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify charge card purchases ☐ Yes

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Debtor 1 Gil Reyes Tulud Debtor 2 Annabelle A Tulud Case number (if know) 4.1 6880 \$774.48 Lord & Taylor Last 4 digits of account number Nonpriority Creditor's Name Capital One Bank, NA When was the debt incurred? P.O. Box 71106 Charlotte, NC 28272-1106 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ■ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims Is the claim subject to offset? ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify charge card purchases ☐ Yes 4.1 0330 Macy's \$13,176.48 Last 4 digits of account number 8 Nonpriority Creditor's Name P.O. Box 183083 When was the debt incurred? Columbus, OH 43218-3083 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent ■ Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims \square Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify charge card purchases ☐ Yes 4.1 Macy's 4738 Unknown Last 4 digits of account number Nonpriority Creditor's Name P.O. Box 183083 When was the debt incurred? 12/05/2008 Columbus, OH 43218-3083 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only ☐ Contingent ■ Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify charge card purchases ☐ Yes

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Debtor 1 Gil Reyes Tulud Debtor 2 Annabelle A Tulud Case number (if know) 4.2 3449 Macy's Unknown Last 4 digits of account number 0 Nonpriority Creditor's Name P.O. Box 183083 04/30/2005 When was the debt incurred? Columbus, OH 43218-3083 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify charge card purchases ☐ Yes 4.2 **Mountainside Hospital** \$400.63 Last 4 digits of account number Nonpriority Creditor's Name 1 Bay Avenue When was the debt incurred? 05/25/2017 Montclair, NJ 07042 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other. Specify medical bill 4.2 **Pav Pal Credit** 1692 \$2.545.04 Last 4 digits of account number Nonpriority Creditor's Name P.O. Box 105658 When was the debt incurred? Atlanta, GA 30348-5658 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ■ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify credit card purchases ☐ Yes

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	1 Gil Reyes Tulud 2 Annabelle A Tulud		Case number (if know)						
4.2	Pearle Vision Nonpriority Creditor's Name	Last 4 digits of account number When was the debt incurred?	0931	\$154.95					
	Eye Health Group 360 U.S. 46 East Totowa, NJ 07512	when was the debt incurred?							
-	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply						
	Debtor 1 only	☐ Contingent							
	■ Debtor 2 only	☐ Unliquidated							
	☐ Debtor 1 and Debtor 2 only	☐ Disputed							
	lacksquare At least one of the debtors and another	Type of NONPRIORITY unsecured	l claim:						
	Check if this claim is for a community	Student loans							
	debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not						
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts						
	Yes	Other. Specify medical bill							
4.2	Pearle Vision	Last 4 digits of account number	0932	\$95.00					
	Nonpriority Creditor's Name Eye Health Group 360 U.S. 46 East	When was the debt incurred?		*******					
_	Totowa, NJ 07512								
	Number Street City State ZIp Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply						
	Debtor 1 only								
	Debtor 2 only	☐ Unliquidated	nliquidated						
	☐ Debtor 1 and Debtor 2 only	☐ Disputed							
	lacksquare At least one of the debtors and another	<u></u> '	pe of NONPRIORITY unsecured claim:						
	Check if this claim is for a community	☐ Student loans							
	debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims							
	No	☐ Debts to pension or profit-sharin							
	Yes	Other. Specify medical bill							
4.2 5	Pleasantdale Ambulatory Care	Last 4 digits of account number	7755	\$835.00					
	Nonpriority Creditor's Name 61 Main Street Suite D	When was the debt incurred?	01/01/2016						
	West Orange, NJ 07052 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply						
	■ Debtor 1 only	☐ Contingent							
	Debtor 2 only	☐ Debtor 2 only ☐ Unliquidated							
	☐ Debtor 1 and Debtor 2 only	☐ Disputed							
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	l claim:						
	☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a sepa							
	Is the claim subject to offset?	report as priority claims	ration agreement or divorce that you did flot						
	■ No	Debts to pension or profit-sharin	ng plans, and other similar debts						
	Yes	Other. Specify medical bill							

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Debtor 1 Gil Reyes Tulud Debtor 2 Annabelle A Tulud Case number (if know) 4.2 Portfolio Recovery Assoc, LLC 5609 \$4,242.00 Last 4 digits of account number 6 Nonpriority Creditor's Name P.O. Box 12914 When was the debt incurred? 05/2013 Norfolk, VA 23541 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify judgment ☐ Yes 4.2 **Ross Simon** 0005 \$3,544.36 Last 4 digits of account number Nonpriority Creditor's Name P.O. Box 105658 When was the debt incurred? Atlanta, GA 30348-5658 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify charge card purchases ☐ Yes 4.2 St Barnabas 7468 \$1.549.81 8 Last 4 digits of account number Nonpriority Creditor's Name P.O. Box 29960 When was the debt incurred? New York, NY 10087-9960 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ■ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify charge card purchases ☐ Yes

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Debtor 1 Gil Reyes Tulud Debtor 2 Annabelle A Tulud Case number (if know) 4.2 8514 \$399.78 St Barnabas Last 4 digits of account number 9 Nonpriority Creditor's Name P.O. Box 29960 When was the debt incurred? New York, NY 10087-9960 Number Street City State ZIp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ■ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify charge card purchases ☐ Yes 4.3 St Barnabas 9630 \$108.41 Last 4 digits of account number 0 Nonpriority Creditor's Name P.O. Box 29960 When was the debt incurred? New York, NY 10087-9960 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify charge card purchases ☐ Yes 4.3 St Barnabas Medical Center \$1.549.81 Last 4 digits of account number Nonpriority Creditor's Name 94 Old Short Hills Road When was the debt incurred? Livingston, NJ 07039 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify medical bill ☐ Yes

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Debtor 1 Gil Reyes Tulud Debtor 2 Annabelle A Tulud Case number (if know) 4.3 Synchrony Bank / Ultra Diamond 0905 Unknown Last 4 digits of account number 2 Nonpriority Creditor's Name When was the debt incurred? 05/23/2012 P.O. Box 965036 Orlando, FL 32896-5036 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ■ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims Is the claim subject to offset? ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify charge card purchases ☐ Yes 4.3 713F U.S. Dept of Education Unknown Last 4 digits of account number Nonpriority Creditor's Name P.O. Box 5200 When was the debt incurred? 06/07/2007 Greenville, TX 75403 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Disputed ■ Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ☐ Other. Specify student loan 4.3 U.S. Dept of Education 713F Unknown Last 4 digits of account number Nonpriority Creditor's Name P.O. Box 5200 When was the debt incurred? 08/03/2004 Greenville, TX 75403 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Disputed ■ Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another Student loans ☐ Check if this claim is for a community ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify student loan

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Debtor 1 Gil Reyes Tulud Debtor 2 Annabelle A Tulud Case number (if know) 4.3 0002 Walmart \$502.24 Last 4 digits of account number 5 Nonpriority Creditor's Name P.O. Box 530927 When was the debt incurred? 11/30/2014 Atlanta, GA 30353 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ■ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify charge card purchases ☐ Yes Part 3: List Others to Be Notified About a Debt That You Already Listed 5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page. Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? **Financial Corpporation of America** Line 4.21 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 12515 Research Blvd Part 2: Creditors with Nonpriority Unsecured Claims **Building 2** Suite 100 Austin, TX 78759 Last 4 digits of account number 7625 Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Lyons, Doughty, & Veldhuis, PC Line 4.6 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 136 Gaither Drive Part 2: Creditors with Nonpriority Unsecured Claims Suite 100 P.O. Box 1269 Mount Laurel, NJ 08054 Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Name and Address Line 4.7 of (Check one): Lyons, Doughty, & Veldhuis, PC ☐ Part 1: Creditors with Priority Unsecured Claims 136 Gaither Drive Part 2: Creditors with Nonpriority Unsecured Claims Suite 100 P.O. Box 1269 Mount Laurel, NJ 08054 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Online Collections Line 4.14 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims P.O. Box 1489 Part 2: Creditors with Nonpriority Unsecured Claims Winterville, NC 28590 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Portfolio Recovery Assoc, LLC Line 4.2 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims P.O. Box 12914 Part 2: Creditors with Nonpriority Unsecured Claims Norfolk, VA 23541 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Senex Services Corp Line 4.31 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 3333 Founders Road Part 2: Creditors with Nonpriority Unsecured Claims 2nd Floor Indianapolis, IN 46268-4933 Last 4 digits of account number 7288

Official Form 106 E/F

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Debtor 1	Gil Reyes Tulud	5	
Debtor 2	Annabelle A Tulud		Case number (if know)

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				1	Total Claim
	6a.	Domestic support obligations	6a.	\$	0.00
Total claims					
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$	0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$	0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$	0.00
					Total Claim
Total	6f.	Student loans	6f.	\$	0.00
claims					
from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$	0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	51,128.98
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$	51,128.98

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Fill in this infor	mation to identify your	case:		
Debtor 1	Gil Reyes Tulud			
	First Name	Middle Name	Last Name	
Debtor 2	Annabelle A Tulu	d		
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	DISTRICT OF NEW JEI	RSEY	
Case number (if known)				☐ Check
				amen

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease
Name, Number, Street, City, State and ZIP Code

2.1 Park Lake Village
350 Baldwin Road
Parsippany, NJ 07054

State what the contract or lease is for
Rental Lease on Apartment

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	0000 17 27201 1	Docume	nt Page 35 o	of 63
Fill in this	information to identify your			
Debtor 1	Gil Reyes Tulud			
	First Name	Middle Name	Last Name	
Debtor 2	Annabelle A Tulu	d		
(Spouse if, filir	ng) First Name	Middle Name	Last Name	
United Sta	ites Bankruptcy Court for the:	DISTRICT OF NEW JER	RSEY	
Case num	ber			☐ Check if this is an
(amended filing
Officia	l Form 106H			
	lule H: Your Cod	ebtors		12/15
our name	and number the entries in the and case number (if known) you have any codebtors? (If)	. Answer every question.	_	o this page. On the top of any Additional Pages, write as a codebtor.
■ No				
■ No	•			
□ 163	•			
	hin the last 8 years, have you na, California, Idaho, Louisiana,			y? (Community property states and territories include ington, and Wisconsin.)
■ No.	Go to line 3.			
☐ Yes	s. Did your spouse, former spou	ise, or legal equivalent live	with you at the time?	
in line Form	e 2 again as a codebtor only it	f that person is a guarant	or or cosigner. Make	if your spouse is filing with you. List the person shown sure you have listed the creditor on Schedule D (Official 16G). Use Schedule D, Schedule E/F, or Schedule G to fil
	Column 1: Your codebtor Name, Number, Street, City, State and ZI	P Code		Column 2: The creditor to whom you owe the debt Check all schedules that apply:
3.1				☐ Schedule D, line
	Name			Schedule E/F, line
				☐ Schedule G, line
_	Number Street			_
	City	State	ZIP Code	
3.2				☐ Schedule D, line
	Name			Schedule E/F, line
				☐ Schedule G, line
=	Number Street			_

State

City

ZIP Code

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Fill	in this information to identify your o	case:								
Del	otor 1 Gil Reyes T	ulud			_					
1	otor 2 Annabelle A	A Tulud								
Uni	ted States Bankruptcy Court for the	e: DISTRICT OF NEW J	ERSEY		_					
(If kr	fficial Form 106l					☐ Ar ☐ A		ed filing ent showing as of the fo	g postpetition ollowing date:	
S	chedule I: Your Inc	ome								12/1
sup spo atta	as complete and accurate as posplying correct information. If you use. If you are separated and you ch a separate sheet to this form. The Describe Employment	are married and not filing wing spouse is not filing wing the top of any addition	ng jointly, and your th you, do not inclu	spouse i	is liv mati	ing with yon about	you, incl your spo	ude inforn ouse. If mo	nation about ore space is	your needed,
1.	Fill in your employment information.		Debtor 1				Debtor 2	or non-fi	ling spouse	
	If you have more than one job, attach a separate page with information about additional employers.	Employment status	☐ Employed■ Not employed				☐ Emplo	•		
		Occupation	Disabled							
	Include part-time, seasonal, or self-employed work.	Employer's name								
	Occupation may include student or homemaker, if it applies.	Employer's address								
		How long employed the	here?				_			
Par	t 2: Give Details About Mo	nthly Income								
	mate monthly income as of the cuse unless you are separated.	late you file this form. If y	you have nothing to ι	report for	any	line, write	\$0 in the	space. Inc	clude your no	n-filing
	u or your non-filing spouse have m e space, attach a separate sheet to		ombine the information	on for all e	empl	oyers for t	hat perso	n on the li	nes below. If	you need
						For Deb	tor 1		otor 2 or ng spouse	
2.	List monthly gross wages, sala deductions). If not paid monthly,			2.	\$		0.00	\$	0.00	-
3.	Estimate and list monthly over	time pay.		3.	+\$		0.00	+\$	0.00	
4.	Calculate gross Income. Add li	ne 2 + line 3.		4.	\$		0.00	\$	0.00	

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	otor 1 otor 2	Gil Reyes Tulud Annabelle A Tulud	-		Case	e number (<i>if kn</i>	own)				
	Con	by line 4 here	4.		Fo \$	r Debtor 1	00		Debtor -filing s	spouse	
	COL	y line 4 here	4.		Ψ_		.00	Ψ_		0.00	-
5.	List	all payroll deductions:									
	5a.	Tax, Medicare, and Social Security deductions	58	a.	\$	0	.00	\$		0.00	
	5b.	Mandatory contributions for retirement plans	5b	b.	\$_	0	.00	\$		0.00	_
	5c.	Voluntary contributions for retirement plans	50		\$_		.00	\$		0.00	
	5d.	Required repayments of retirement fund loans	50		\$_		.00	\$		0.00	-
	5e.	Insurance		e.	\$_		.00	\$_		0.00	-
	5f.	Domestic support obligations Union dues	5f		\$ \$.00	\$_ \$		0.00	-
	5g. 5h.	Other deductions. Specify:	5(5)	y. h.+	φ_ \$.00	· —		0.00	-
6.		I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	_ 51 6.		Ψ_ \$.00	τΨ \$		0.00	-
7.		culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$ \$			Ψ \$			-
			7.		Φ –	U	.00	Φ		0.00	-
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	88	3	\$	0	.00	\$		0.00	
	8b.	Interest and dividends	8k		\$.00	\$ 		0.00	-
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.			\$.00	\$		0.00	-
	8d.	Unemployment compensation	80	d.	\$	0	.00	\$		0.00	=
	8e.	Social Security	86	e.	\$	2,717	.00	\$	1,	,665.00	-
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income	8f 8g		\$_ \$_		.00	\$		0.00	-
	8g. 8h.	Other month by income Oracif		y. h.+	· -		.00	+ \$ [—]		0.00	-
	OII.	Other monthly income. Specify:	_ 01		Ψ_	U	.00	'		0.00	-
9.	Add	l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.		\$_	2,717	.00	\$	•	1,665.00)
10.	Cal	culate monthly income. Add line 7 + line 9.	10.	\$		2,717.00	+ \$	1.6	65.00	= \$	4,382.00
		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.		-			-	-,-			.,
11.	Incli othe Do i	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not cify:	dep					•		e J. +\$	0.00
12.		I the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certain lies							12.	\$	4,382.00
13.	Do :	you expect an increase or decrease within the year after you file this form No.	?								y income
		Yes. Explain:									

Official Form 106I Schedule I: Your Income page 2

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						•		
Fill	in this informa	ition to identify yo	our case:					
Deb	tor 1	Gil Reyes Tu	ılud				k if this is:	
	tor 2 buse, if filing)	Annabelle A	Tulud					ving postpetition chapter the following date:
Unit	ed States Bankr	ruptcy Court for the	: DISTRI	CT OF NEW JERSEY		_	MM / DD / YYYY	
1	e number nown)							
Of	fficial Fo	rm 106J						
		J: Your	Exper	ises				12/15
Be a	as complete a	and accurate as	possible.	. If two married people ar				or supplying correct
Par		ribe Your House	hold					
1.	Is this a joir ☐ No. Go to							
		,o <u>_</u> .	in a aanar	ata hayaahald?				
			ın a separ	ate household?				
	■ N □ Y	-	st file Offici	al Form 106J-2, <i>Expenses</i>	for Separate House	e <i>hold</i> of Debt	or 2.	
2.	Do you have	e dependents?	■ No					
	Do not list D Debtor 2.	ebtor 1 and	☐ Yes.	Fill out this information for each dependent	Dependent's relation		Dependent's age	Does dependent live with you?
	Do not state	the						□ No
	dependents	names.						☐ Yes
								□ No
					-			☐ Yes ☐ No
								□ Yes
								□ No
								☐ Yes
3.		penses include f people other t	han	No				
		d your depende		Yes				
Den				h. F				
exp	imate your ex		our bankr	y Expenses uptcy filing date unless y y is filed. If this is a supp				
the		h assistance an		government assistance it cluded it on Schedule I: Y			Your exp	enses
,		,						
4.		or home owners and any rent for th		ses for your residence. In or lot.	nclude first mortgage	e 4. \$		1,450.00
	If not includ	led in line 4:						
	4a. Real e	estate taxes				4a. \$		0.00
	4b. Prope	rty, homeowner's	s, or renter	's insurance		4b. \$		0.00
				upkeep expenses		4c. \$		0.00
5.		owner's associat		dominium dues our residence, such as ho	me equity loans	4d. \$ 5. \$		0.00
٠.	aa.tioiidi i	gage payiii	, o. y		oquity lourio	υ. ψ		0.00

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Debtor 1	Gil Reyes Tulud			
Debtor 2	Annabelle A Tulud	Case num	ber (if known)	
i. Uti	lities:			
o. Uti 6a.		6a.	\$	60.00
6b.	•	6b.	· ·	0.00
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	180.00
6d.		6d.	\$	0.00
	od and housekeeping supplies	7.	\$	400.00
	ildcare and children's education costs	8.	\$	0.00
_	othing, laundry, and dry cleaning	9.	\$	50.00
	sonal care products and services	10.	· · — — — — — — — — — — — — — — — — — —	150.00
	dical and dental expenses	11.		600.00
	Insportation. Include gas, maintenance, bus or train fare.		Ψ	000.00
	not include car payments.	12.	\$	200.00
	tertainment, clubs, recreation, newspapers, magazines, and books	13.	\$	100.00
	aritable contributions and religious donations	14.	\$	200.00
	urance.		· -	
	not include insurance deducted from your pay or included in lines 4 or 20.			
	a. Life insurance	15a.	\$	290.00
15b	b. Health insurance	15b.	\$	637.00
150	c. Vehicle insurance	15c.	\$	300.00
150	d. Other insurance. Specify:	15d.	\$	0.00
6. Ta x	kes. Do not include taxes deducted from your pay or included in lines 4 or 20.			
Spe	ecify:	16.	\$	0.00
	tallment or lease payments:			
178	a. Car payments for Vehicle 1	17a.	\$	0.00
17b	o. Car payments for Vehicle 2	17b.	\$	0.00
170	c. Other. Specify:	17c.	\$	0.00
170	d. Other. Specify:	17d.	\$	0.00
	ur payments of alimony, maintenance, and support that you did not report as			0.00
	ducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	· ·	0.00
	ner payments you make to support others who do not live with you.		\$	0.00
	ecify:	19.		
	ner real property expenses not included in lines 4 or 5 of this form or on Scheo			0.00
	a. Mortgages on other property	20a. 20b.	·	0.00
	o. Real estate taxes		·	0.00
	c. Property, homeowner's, or renter's insurance	20c.	·	0.00
	d. Maintenance, repair, and upkeep expenses	20d.	·	0.00
	e. Homeowner's association or condominium dues	20e.	·	0.00
1. Otl	ner: Specify: Gil's High Focus Rehab	21.	+\$	350.00
2. C a	culate your monthly expenses			
	a. Add lines 4 through 21.		\$	4,967.00
	b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$.,557100
	c. Add line 22a and 22b. The result is your monthly expenses.		\$	4 067 00
220	. Add the ZZa and ZZb. The result is your monthly expenses.		Ψ	4,967.00
3. Ca	culate your monthly net income.			
	a. Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$	4,382.00
23b	Copy your monthly expenses from line 22c above.	23b.	-\$	4,967.00
230	c. Subtract your monthly expenses from your monthly income.		•	E0E 00
	The result is your monthly net income.	23c.	\$	-585.00
For	you expect an increase or decrease in your expenses within the year after you example, do you expect to finish paying for your car loan within the year or do you expect your diffication to the terms of your mortgage?			or decrease because of a
	No.			
	Yes. Explain here:			

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	mation to identify your	-			
Debtor 1	Gil Reyes Tulud	Middle Name	Last Name		
Debtor 2	Annabelle A Tulu		Lastivanie		
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	DISTRICT OF NEW JERSE	ΞΥ		
Case number					
if known)				☐ Check if amende	f this is an ed filing
) 	- 100Daa				
Official Forr Declarat		an Individual D	ebtor's Sched	dules	12/15
·	8 U.S.C. §§ 152, 1341, 1	l519, and 3571.			
Did you pa	y or agree to pay some	eone who is NOT an attorney	to help you fill out bankru	ptcy forms?	
■ No					
☐ Yes. I	Name of person			Attach Bankruptcy Petition Pre Declaration, and Signature (Of	
Under pena		that I have read the summar	ry and schedules filed with	this declaration and	ficial Form 119)
	e true and correct.		•		ficial Form 119)
that they ar	Reyes Tulud		X /s/ Annabelle A	Tulud	ficial Form 119)
that they ar X <u>/s/ Gil</u> Gil Re	Reyes Tulud yes Tulud		X /s/ Annabelle A Tul	ud	ficial Form 119)
that they ar X <u>/s/ Gil</u> Gil Re	Reyes Tulud		X /s/ Annabelle A	ud	ficial Form 119)

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Fill	in this inforn	nation to identify you	r case:			
Deb	tor 1	Gil Reyes Tulud	Middle Name	Last Name		
Deb	tor 2	Annabelle A Tul		Last Name		
	use if, filing)	First Name	Middle Name	Last Name		
Unit	ed States Bai	nkruptcy Court for the:	DISTRICT OF NEW JERS	SEY		
Cas (if kno	e number					heck if this is an
					a	mended filing
Off	ficial Fo	rm 107				
			Affairs for Individ	duals Filing for B	ankruptcy	4/16
infor	mation. If m		attach a separate sheet to		equally responsible for sup or additional pages, write you	
Par	Give D	etails About Your Ma	rital Status and Where You	Lived Before		
1.	What is you	current marital statu	s?			
	■ Married □ Not mar	ried				
2.	During the la	ast 3 years, have you	lived anywhere other than	where you live now?		
	■ No					
	☐ Yes. Lis	t all of the places you li	ived in the last 3 years. Do no	ot include where you live now		
	Debtor 1 Pr	ior Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ad	dress:	Dates Debtor 2 lived there
					ity property state or territory co, Texas, Washington and W	
	■ No					
	☐ Yes. Ma	ke sure you fill out Sch	nedule H: Your Codebtors (Of	fficial Form 106H).		
Part	Explai	n the Sources of You	r Income			
	Fill in the total	I amount of income yo	nployment or from operatin u received from all jobs and a have income that you receive	all businesses, including part-		ndar years?
	□ No					
	Yes. Fill	in the details.				
			Debtor 1		Debtor 2	
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
		of current year until d for bankruptcy:	■ Wages, commissions, bonuses, tips	\$10,500.00	☐ Wages, commissions, bonuses, tips	\$0.00
			☐ Operating a business		☐ Operating a business	

Official Form 107

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Debtor 1 Gil Reyes Tulud **Annabelle A Tulud** Debtor 2 Case number (if known) Debtor 1 Debtor 2 Sources of income **Gross income** Sources of income Gross income Check all that apply. (before deductions and Check all that apply. (before deductions exclusions) and exclusions) For last calendar year: \$33,223.00 \$0.00 □ Wages, commissions, Wages, commissions, (January 1 to December 31, 2016) bonuses, tips bonuses, tips ☐ Operating a business ☐ Operating a business For the calendar year before that: \$33,435.00 \$0.00 ☐ Wages, commissions, Wages, commissions, (January 1 to December 31, 2015) bonuses, tips bonuses, tips Operating a business ☐ Operating a business Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. No Yes. Fill in the details. Debtor 1 Debtor 2 Sources of income **Gross income from** Sources of income **Gross income** Describe below. each source Describe below. (before deductions (before deductions and and exclusions) exclusions) From January 1 of current year until **Social Security** \$0.00 \$10,700.00 the date you filed for bankruptcy: **Benefits** Disability \$8,153.00 For last calendar year: \$0.00 **Social Security** \$21,397.00 (January 1 to December 31, 2016) **Benefits** For the calendar year before that: \$0.00 **Retirement Income** \$60,000.00 (January 1 to December 31, 2015) \$0.00 **Social Security** \$21,400.00 **Benefits** Part 3: List Certain Payments You Made Before You Filed for Bankruptcy Are either Debtor 1's or Debtor 2's debts primarily consumer debts? Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more? \square No. Go to line 7. ☐ Yes List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do

* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.

not include payments to an attorney for this bankruptcy case.

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Morristown, NJ 07963

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	btor 1 Gil Reyes Tulud btor 2 Annabelle A Tulud	Case number	(if known)	
10.	Within 1 year before you filed for bankru Check all that apply and fill in the details be	ptcy, was any of your property repossessed, foreclosed	d, garnished, attache	d, seized, or levied?
	No. Go to line 11.Yes. Fill in the information below.			
	Creditor Name and Address	Describe the Property	Date	Value of the property
		Explain what happened		
11.	Within 90 days before you filed for bank accounts or refuse to make a payment bank No Yes. Fill in the details.	ruptcy, did any creditor, including a bank or financial in ecause you owed a debt?	stitution, set off any	amounts from your
	Creditor Name and Address	Describe the action the creditor took	Date action was taken	Amount
12.	Within 1 year before you filed for bankru court-appointed receiver, a custodian, o	uptcy, was any of your property in the possession of an r another official?	assignee for the ben	efit of creditors, a
	■ No			
	☐ Yes			
Par	tt 5: List Certain Gifts and Contribution	ns		
13.	Within 2 years before you filed for bankr	ruptcy, did you give any gifts with a total value of more t	han \$600 per person	?
	No			
	Yes. Fill in the details for each gift.			
	Gifts with a total value of more than \$60 per person	Describe the gifts	Dates you gave the gifts	Value
	Person to Whom You Gave the Gift and Address:			
14.	_	ruptcy, did you give any gifts or contributions with a total	al value of more than	\$600 to any charity?
	No	and all the state of		
	Yes. Fill in the details for each gift or difference Gifts or contributions to charities that		Dates you	Value
	more than \$600	describe what you contributed	contributed	value
	Charity's Name Address (Number, Street, City, State and ZIP Cod	2)		
Par	rt 6: List Certain Losses	-,		
		man and a second district of the second distr	ditantan 62	to the sale of the
15.	or gambling?	ıptcy or since you filed for bankruptcy, did you lose any	thing because of the	it, fire, other disaster,
	■ No			
	Yes. Fill in the details.			
	Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss	Date of your	Value of property lost
	now the loss occurred	Include the amount that insurance has paid. List pending insurance claims on line 33 of <i>Schedule A/B: Property.</i>	loss	iost

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Debtor 1 Gil Reyes Tulud
Debtor 2 Annabelle A Tulud

Case number (if known)

Par	7: List Certain Payments or Transfers					
16.	Within 1 year before you filed for bankruptcy consulted about seeking bankruptcy or prepared any attorneys, bankruptcy petition prepared to the consultation of the co	paring a bankruptcy pet	ition?			ty to anyone you
	■ No					
	Yes. Fill in the details.					
	Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You	Description and v transferred	alue of any proper	ty	Date payment or transfer was made	Amount o paymen
17.	Within 1 year before you filed for bankruptcy promised to help you deal with your creditor Do not include any payment or transfer that you	rs or to make payments			transfer any proper	ty to anyone who
	■ No □ Yes. Fill in the details.					
	Person Who Was Paid Address Description and value of any property transferred Date payment or transfer was made					
18.	Within 2 years before you filed for bankruptor transferred in the ordinary course of your burnclude both outright transfers and transfers mainclude gifts and transfers that you have already No Yes. Fill in the details.	usiness or financial affa ide as security (such as t	i irs? he granting of a sec		rty to anyone, other	
	Person Who Received Transfer Address	Description and v property transferr			ny property or eceived or debts	Date transfer was made
	Person's relationship to you			paid iii exci	nange	
19.	Within 10 years before you filed for bankrupt beneficiary? (These are often called asset-produced No □ Yes. Fill in the details.		y property to a self	f-settled trus	st or similar device o	of which you are a
	Name of trust	Description and v	alue of the propert	y transferre	d	Date Transfer was made
Par	8: List of Certain Financial Accounts, Ins	truments, Safe Deposit	Boxes, and Storag	ge Units		
20.	Within 1 year before you filed for bankruptcy sold, moved, or transferred? Include checking, savings, money market, or houses, pension funds, cooperatives, assoc No Yes. Fill in the details.	r other financial accour	nts; certificates of o			
	Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of account of instrument	clos mov	e account was ed, sold, red, or sferred	Last balance before closing o transfe
21.	Do you now have, or did you have within 1 y cash, or other valuables?	ear before you filed for	bankruptcy, any s	afe deposit l	box or other deposi	tory for securities,
	■ No □ Yes. Fill in the details.					
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had acc Address (Number, St		scribe the co	ontents	Do you still have it?

State and ZIP Code)

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Debtor 1 Gil Reyes Tulud
Debtor 2 Annabelle A Tulud

Case number (if known)

					_
22.	Have you stored property in a storage unit or pla	ace other than your home within 1	year be	fore you filed for bankruptcy	?
	■ No				
	Yes. Fill in the details.				
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)	Describ	be the contents	Do you still have it?
Par	9: Identify Property You Hold or Control for S	,			
23.	Do you hold or control any property that someon	na alsa owns? Include any nroner	tv vou h	orrowed from are storing to	r or hold in trust
20.	for someone.	ne cise owns: include any proper	ty you b	orrowed from, are storing to	i, or note in trust
	■ No				
	Yes. Fill in the details.				
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describ	be the property	Value
Par	10: Give Details About Environmental Informa	tion			
For	he purpose of Part 10, the following definitions a	apply:			
•	Environmental law means any federal, state, or letoxic substances, wastes, or material into the air regulations controlling the cleanup of these sub	r, land, soil, surface water, ground stances, wastes, or material.	dwater, c	or other medium, including s	tatutes or
	Site means any location, facility, or property as of to own, operate, or utilize it, including disposal s	•	iaw, wne	ether you now own, operate,	or utilize it or used
	Hazardous material means anything an environment hazardous material, pollutant, contaminant, or si		s waste,	hazardous substance, toxic	substance,
Rep	ort all notices, releases, and proceedings that yo	u know about, regardless of wher	n they oc	ccurred.	
24.	Has any governmental unit notified you that you	may be liable or potentially liable	under o	or in violation of an environm	ental law?
	_	,			
	■ No □ Yes. Fill in the details.				
	Name of site	Governmental unit	Fnv	vironmental law, if you	Date of notice
	Address (Number, Street, City, State and ZIP Code)	Address (Number, Street, City, State and ZIP Code)		ow it	Date of Hotice
25.	Have you notified any governmental unit of any	release of hazardous material?			
	■ No				
	Yes. Fill in the details.				
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)		rironmental law, if you ow it	Date of notice
26.	Have you been a party in any judicial or adminis	,	ironment	tal law? Include settlements	and orders.
	■ No				
	Yes. Fill in the details.				
	Case Title	Court or agency	Nature	of the case	Status of the
	Case Number	Name Address (Number, Street, City, State and ZIP Code)			case
Par	11: Give Details About Your Business or Conn	nections to Any Business			
27.	Within 4 years before you filed for bankruptcy, d	lid you own a business or have an	ny of the	following connections to an	y business?
	☐ A sole proprietor or self-employed in a tr		-		-
	☐ A member of a limited liability company ((LLC) or limited liability partnersh	ip (LLP)		

Case 17-27201 Doc 1 Filed 08/24/17 Entered 08/24/17 13:51:15 Desc Main Page 47 of 63 Document Debtor 1 Gil Reyes Tulud **Annabelle A Tulud** Debtor 2 Case number (if known) ☐ A partner in a partnership ☐ An officer, director, or managing executive of a corporation ☐ An owner of at least 5% of the voting or equity securities of a corporation No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. **Business Name** Describe the nature of the business **Employer Identification number Address** Do not include Social Security number or ITIN. (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Dates business existed Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. Nο Yes. Fill in the details below. Name **Date Issued** Address (Number, Street, City, State and ZIP Code) Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Gil Reyes Tulud /s/ Annabelle A Tulud Gil Reves Tulud Annabelle A Tulud Signature of Debtor 1 Signature of Debtor 2 Date August 24, 2017 August 24, 2017 Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? ■ No

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☐ Yes. Name of Person _____. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Official Form 107

☐ Yes

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Fill in this inform	nation to identify your	case:		
Debtor 1	Gil Reyes Tulud			
	First Name	Middle Name	Last Name	
Debtor 2	Annabelle A Tulu	d		
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	nkruptcy Court for the:	DISTRICT OF NEW JERSEY		
Case number (if known)				☐ Check if this is an amended filing

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below

Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
Creditor's	☐ Surrender the property.	□ No
name:	☐ Retain the property and redeem it.	
Description of	Retain the property and enter into a Reaffirmation Agreement.	☐ Yes
property securing debt:	☐ Retain the property and [explain]:	
Creditor's	☐ Surrender the property.	□ No
name:	☐ Retain the property and redeem it.	
Description of	Retain the property and enter into a Reaffirmation Agreement.	☐ Yes
property securing debt:	☐ Retain the property and [explain]:	
Creditor's	☐ Surrender the property.	□ No
name:	Retain the property and redeem it.	_
Description of	Retain the property and enter into a Reaffirmation Agreement.	☐ Yes
property securing debt:	☐ Retain the property and [explain]:	
Creditor's	☐ Surrender the property.	□ No

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

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		Gil Reyes Annabelle				Case number (if known)
	ame:					perty and redeem it.	☐ Yes
	escriptio	n of				Agreement.	
	roperty ecuring o	debt:		☐ Retain	the pro	perty and [explain]:	
			expired Personal Prop				
n the	e inform	ation belo	w. Do not list real estat	te Íeases. Unexpired lea	ses are		nexpired Leases (Official Form 106G), fill ect; the lease period has not yet ended. 865(p)(2).
Des	cribe yo	ur unexpir	ed personal property l	eases			Will the lease be assumed?
Less	sor's nan	ne:	Park Lake Village				□ No
							■ Yes
	cription o perty:	of leased	Rental Lease on Ap	artment			
Part	3: Si	gn Below					
			ry, I declare that I have t to an unexpired lease		about ai	ny property of my estate t	that secures a debt and any personal
X	/s/ Gil	Reyes Tu	ılud		χ/s	/ Annabelle A Tulud	
		yes Tulud ire of Debto				nnabelle A Tulud gnature of Debtor 2	
	Date	Augus	t 24, 2017		Date	August 24, 2017	

Fill in this information to identify your case: Debtor 1 Gil Reyes Tulud	Check one box only as directed in this form and in Form 122A-1Supp:	
Gli Reyes Tuluu	-	
Debtor 2 (Spouse, if filing) Annabelle A Tulud	_ ■ 1. There is no presumption of abuse	
United States Bankruptcy Court for the: District of New Jersey Case number	 2. The calculation to determine if a presumption of applies will be made under Chapter 7 Means Te Calculation (Official Form 122A-2). 	
(if known)	□ 3. The Means Test does not apply now because of qualified military service but it could apply later.	
	☐ Check if this is an amended filing	
Official Form 122A - 1		
	Literature	
Chapter 7 Statement of Your Current Monthl	nly income	12/15
Be as complete and accurate as possible. If two married people are filing together, both attach a separate sheet to this form. Include the line number to which the additional info case number (if known). If you believe that you are exempted from a presumption of abuqualifying military service, complete and file Statement of Exemption from Presumption Part 1: Calculate Your Current Monthly Income	nformation applies. On the top of any additional pages, write your na buse because you do not have primarily consumer debts or because	me and
What is your marital and filing status? Check one only.		
□ Not married. Fill out Column A, lines 2-11.		
■ Married and your spouse is filing with you. Fill out both Columns A and	and P. lings 2 11	
☐ Married and your spouse is NOT filing with you. You and your spous		
☐ Living in the same household and are not legally separated. Fill out	•	
☐ Living separately or are legally separated. Fill out Column A, lines 2- penalty of perjury that you and your spouse are legally separated unde living apart for reasons that do not include evading the Means Test req	der nonbankruptcy law that applies or that you and your spouse a	
Fill in the average monthly income that you received from all sources, derived during 101(10A). For example, if you are filing on September 15, the 6-month period would be Ma the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do spouses own the same rental property, put the income from that property in one column on	March 1 through August 31. If the amount of your monthly income varied d Do not include any income amount more than once. For example, if both	
	Column A Column B Debtor 1 Debtor 2 or non-filing spouse	
2. Your gross wages, salary, tips, bonuses, overtime, and commissions (b payroll deductions).	(before all \$ 945.05 \$ 0.00	
Alimony and maintenance payments. Do not include payments from a spor Column B is filled in.	oouse if \$ 0.00 \$ 0.00	
4. All amounts from any source which are regularly paid for household extended of you or your dependents, including child support. Include regular contributions and unmarried partner, members of your household, your dependents, partner and roommates. Include regular contributions from a spouse only if Column E	ntributions parents,	

Official Form 122A-1

Debtor 1 0.00

Debtor 1 0.00

0.00 Copy here -> \$

0.00 Copy here -> \$

0.00

0.00

-\$

\$

-\$

filled in. Do not include payments you listed on line 3.

Net income from operating a business, profession, or farm

Net monthly income from a business, profession, or farm \$

Gross receipts (before all deductions)

Gross receipts (before all deductions)

7. Interest, dividends, and royalties

Ordinary and necessary operating expenses

6. Net income from rental and other real property

Ordinary and necessary operating expenses

Net monthly income from rental or other real property

0.00

0.00

0.00

0.00

0.00

0.00

0.00

0.00

\$

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						0-1		0-1		
						Column A Debtor 1		Column B Debtor 2 o non-filing		
8. Un	employn	nent compensation				\$	0.00	\$	0.00	
		r the amount if you contend that the amoun ecurity Act. Instead, list it here:	t received was a	benefi	t under					
F	or you	\$	2	2,264.1	17					
		spouse\$		0.0						
ber	nefit unde	retirement income. Do not include any an er the Social Security Act.				\$	0.00	\$	0.00	
Do rec dor	not inclu eived as	m all other sources not listed above. Spede any benefits received under the Social Sa victim of a war crime, a crime against hur crorism. If necessary, list other sources on a	Security Act or parameters of parameters of the control of the con	ayment ational	ts or	\$	0.00	\$	0.00	
						\$	0.00	\$	0.00	
	Tot	al amounts from separate pages, if any.			+	\$	0.00	\$	0.00	
		our total current monthly income. Add lind in the add the total for Column A to the to			\$	945.05	+ [\$_	0.00	= \$	945.05
] [Total c	urrent monthly
Part 2:	Dete	rmine Whether the Means Test Applies t	o You						moonik	,
10 Cal	loulato v	our current monthly income for the year	Follow those of	tono:						
	•	•		•		Conv	/ line 11 l	horo	\$	0.45.05
120	а. Сору у	our total current monthly income from line	I I			Сору	inie i i i	ileie=>	Φ	945.05
	Multiply	y by 12 (the number of months in a year)							x 1	2
12b	o. The res	sult is your annual income for this part of the	e form					12b	o. \$	1,340.60
40. Ca l	lavilata th	an madian family income that applies to	van Fallannikaa							
		ne median family income that applies to		se step	S:					
Fill	in the sta	ate in which you live.	NJ							
Fill	in the nu	mber of people in your household.	2							
		edian family income for your state and size							\$7	75,305.00
		of applicable median income amounts, go . This list may also be available at the bank			ecified i	in the separa	te instruc	ctions		
14. Ho	w do the	lines compare?								
14a	a. =	Line 12b is less than or equal to line 13. O Go to Part 3.	n the top of pag	e 1, che	eck box	1, There is r	o presum	nption of abus	se.	
141	o. 🗆	Line 12b is more than line 13. On the top of Go to Part 3 and fill out Form 122A-2.	of page 1, check	box 2,	The pre	esumption of	abuse is	determined b	y Form 12	22A-2.
Part 3:	Sign	Below								
	By sign	ing here, I declare under penalty of perjury	that the informa	ation on	this sta	atement and i	n any atta	achments is t	rue and co	orrect.
	χ /s/ (Gil Reyes Tulud		χ /s	s/ Anna	abelle A Tu	lud			
		Reyes Tulud				lle A Tuluc				
D.	ŭ	ature of Debtor 1	г		Ü	e of Debtor 2				
D		just 24, 2017 / DD / YYYY	L			24, 2017 / YYYY				
		checked line 14a, do NOT fill out or file Form	n 122A-2.							
	If you o	checked line 14b, fill out Form 122A-2 and f	ile it with this for	m.						

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Debtor 1 Debtor 2 Gil Reyes Tulud Annabelle A Tulud

Case number (if known)

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period **02/01/2017** to **07/31/2017**.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: CVS Pharmacy

Income by Month:

6 Months Ago:	02/2017	\$3,900.19
5 Months Ago:	03/2017	\$1,770.13
4 Months Ago:	04/2017	\$0.00
3 Months Ago:	05/2017	\$0.00
2 Months Ago:	06/2017	\$0.00
Last Month:	07/2017	\$0.00
	Average per month:	\$945.05

Line 8 ssa - Unemployment compensation (Non-CMI)

Source of Income: Disability

Income by Month:

6 Months Ago:	02/2017	\$0.00
5 Months Ago:	03/2017	\$2,717.00
4 Months Ago:	04/2017	\$2,717.00
3 Months Ago:	05/2017	\$2,717.00
2 Months Ago:	06/2017	\$2,717.00
Last Month:	07/2017	\$2,717.00
	Average per month:	\$2,264.17

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Document Page Gil Reyes Tulud

Case number (if known)

Current Monthly Income Details for the Debtor's Spouse

Spouse Income Details:

Debtor 1 Debtor 2

Income for the Period 02/01/2017 to 07/31/2017.

Non-CMI - Social Security Act Income

Annabelle A Tulud

Source of Income: **SSI** Income by Month:

6 Months Ago:	02/2017	\$1,665.00
5 Months Ago:	03/2017	\$1,665.00
4 Months Ago:	04/2017	\$1,665.00
3 Months Ago:	05/2017	\$1,665.00
2 Months Ago:	06/2017	\$1,665.00
Last Month:	07/2017	\$1,665.00
	Average per month:	\$1,665.00

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation
\$245	filing fee
\$75	administrative fee
+ \$15	trustee surcharge
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 17-27201 Doc 1 Filed 08/24/17 Entered 08/24/17 13:51:15 Desc Main Document Page 58 of 63

B2030 (Form 2030) (12/15)

United States Bankruptcy CourtDistrict of New Jersey

In r	Gil Reyes Tulud		Case No.				
111 1	Annabelle A Tulud	Debtor(s)	Chapter	7			
		,					
	DISCLOSURE OF COMPEN	NSATION OF ATTOR	NEY FOR DE	EBTOR(S)			
1.	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(compensation paid to me within one year before the filing be rendered on behalf of the debtor(s) in contemplation of	g of the petition in bankruptcy,	or agreed to be paid	to me, for services rendered or to			
	For legal services, I have agreed to accept		\$	0.00			
	Prior to the filing of this statement I have received			0.00			
	Balance Due			0.00			
2.	The source of the compensation paid to me was:						
	■ Debtor □ Other (specify):						
3.	The source of compensation to be paid to me is:						
	■ Debtor □ Other (specify):						
4.	■ I have not agreed to share the above-disclosed compe	ensation with any other person u	unless they are mem	bers and associates of my law firm.			
	☐ I have agreed to share the above-disclosed compensations copy of the agreement, together with a list of the name						
5.	In return for the above-disclosed fee, I have agreed to rea	n return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:					
	 a. Analysis of the debtor's financial situation, and rende b. Preparation and filing of any petition, schedules, state c. Representation of the debtor at the meeting of credito d. [Other provisions as needed] Negotiations with secured creditors to reaffirmation agreements and application 522(f)(2)(A) for avoidance of liens on hou 	ement of affairs and plan which ors and confirmation hearing, an educe to market value; exe ns as needed; preparation	may be required; d any adjourned hea mption planning;	rings thereof;			
6.	By agreement with the debtor(s), the above-disclosed fee Representation of the debtors in any dis any other adversary proceeding.			es, relief from stay actions or			
		CERTIFICATION					
this	I certify that the foregoing is a complete statement of any bankruptcy proceeding.	agreement or arrangement for	payment to me for re	epresentation of the debtor(s) in			
_	August 24, 2017	/s/ Harry J Herz					
	Date	Harry J Herz Signature of Attorne Harry J Herz Law 25 Pompton Aven Suite 101	Office				
		Verona, NJ 07044 973-857-1800					
		973-857-1800 hherz@hherzlaw.	com				
		Name of law firm					

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United States Bankruptcy CourtDistrict of New Jersey

In re	Gil Reyes Tulud Annabelle A Tulud		Case No.	
		Debtor(s)	Chapter	7
Γhe ab		IFICATION OF CREDITOR		of their knowledge.
Date:	August 24, 2017	/s/ Gil Reyes Tulud		
		Gil Reyes Tulud		
		Signature of Debtor		
Date:	August 24, 2017	/s/ Annabelle A Tulud		
		Annabelle A Tulud		

Signature of Debtor

Advanced Urologic Care Associates 443 Northfield Avenue Suite 201 West Orange, NJ 07052-3093

Amazon.com Inc Customer Service P.O. Box 81126 Seattle, WA 98108-1226

American Express P.O. Box 981537 El Paso, TX 79998

Atlantic Medical Group P.O. Box 419101 Boston, MA 02241-9101

Capital One Attn: Bankruptcy P.O. Box 30285 Salt Lake City, UT 84130

Chase Bank P.O. Box 15298 Wilmington, DE 19850

E-Z Pass Customer Service Center P.O. Box 4973 Trenton, NJ 08650

EMA Morristown Emergency Medical Associates P.O. Box 6312 Parsippany, NJ 07054-7312

Financial Corpporation of America 12515 Research Blvd Building 2 Suite 100 Austin, TX 78759 GS Anesthesia Associates 1117 U.S. 46 East Suite 201 Clifton, NJ 07013-2450

HSN P.O. Box 659707 San Antonio, TX 78265-9707

Imaging Consultants of Essex P.A. 94 Old Short Hills Road Livingston, NJ 07039

Lenox P.O. Box 735 Bristol, PA 19007-0806

Lord & Taylor Capital One Bank, NA P.O. Box 71106 Charlotte, NC 28272-1106

Lyons, Doughty, & Veldhuis, PC 136 Gaither Drive Suite 100 P.O. Box 1269 Mount Laurel, NJ 08054

Macy's P.O. Box 183083 Columbus, OH 43218-3083

Mountainside Hospital 1 Bay Avenue Montclair, NJ 07042

Online Collections P.O. Box 1489 Winterville, NC 28590

Park Lake Village 350 Baldwin Road Parsippany, NJ 07054 Pay Pal Credit P.O. Box 105658 Atlanta, GA 30348-5658

Pearle Vision Eye Health Group 360 U.S. 46 East Totowa, NJ 07512

Pleasantdale Ambulatory Care 61 Main Street Suite D West Orange, NJ 07052

Portfolio Recovery Assoc, LLC P.O. Box 12914 Norfolk, VA 23541

Ross Simon P.O. Box 105658 Atlanta, GA 30348-5658

Senex Services Corp 3333 Founders Road 2nd Floor Indianapolis, IN 46268-4933

St Barnabas P.O. Box 29960 New York, NY 10087-9960

St Barnabas Medical Center 94 Old Short Hills Road Livingston, NJ 07039

Synchrony Bank / Ultra Diamond P.O. Box 965036 Orlando, FL 32896-5036

U.S. Dept of Education P.O. Box 5200 Greenville, TX 75403

Walmart P.O. Box 530927 Atlanta, GA 30353